

**OFFICIAL USE ONLY**

Appl. # \_\_\_\_\_  
 Fee \_\_\_\_\_  
 Date \_\_\_\_\_  
 Rec'd by \_\_\_\_\_  
 Parcel # \_\_\_\_\_  
 Rev'd By \_\_\_\_\_  
 Reg. No. \_\_\_\_\_  
 Zon. Dist. \_\_\_\_\_

City of Albany  
 Division of Buildings & Regulatory Compliance  
 Room 303 - City Hall  
 24 Eagle Street  
 Albany, NY 12207  
 Phone (518) 434-5165  
 Fax (518) 434-6015



## **Application for Building and Zoning Permit**

**THIS SECTION MUST BE COMPLETED:**

Is Building Vacant? YES ☐ NO ☐ If vacant, is building currently registered? YES ☐ NO ☐  
 Does building contain rental units? YES ☐ NO ☐ If yes, is it currently registered? YES ☐ NO ☐  
 If building contains rental units, are all ROP's current? YES ☐ NO ☐ Mail Permit ☐ Pick-up Permit ☐

1. Address of Work: \_\_\_\_\_
2. Permit Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_
3. Property Owner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_
4. Architect or Engineer of Record: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_
5. General Contractor/Construction Manager: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_

**General Construction Cost: \$** \_\_\_\_\_

6. Additional Contractors (where applicable) - \* **Mechanical Contractors must be licensed in the City of Albany** \*

Electrical: _____	Cost: \$ _____
Address: _____	Phone: ( ) _____
Plumbing: _____	Cost: \$ _____
Address: _____	Phone: ( ) _____
HVAC: _____	Cost: \$ _____
Address: _____	Phone: ( ) _____
Sprinkler: _____	Cost: \$ _____
Address: _____	Phone: ( ) _____
Elevator: _____	Cost: \$ _____
Address: _____	Phone: ( ) _____
Other: _____	Cost: \$ _____
Address: _____	Phone: ( ) _____

7. ☐ Commercial (3 or more units) ☐ Mixed **Project Cost Total: \$** \_\_\_\_\_  
 \_\_\_\_\_ # Residential Units \_\_\_\_\_ # Non-Residential Units  
☐ Three Family ☐ Two Family ☐ Single Family

8. Proposed Work to Be Done: Please describe **in detail** work to be done including the **Prior/Current Use** and if applicable the **Proposed Use**

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\*\*\* **APPLICANT MUST SIGN APPLICATION & ANSWER QUESTIONS ON REVERSE** \*\*\*

9. Sidewalk/Barricade Information – *all questions must be completed:*

Will Work Involve:

1. Blocking Sidewalk
2. Work Adjacent to Sidewalk
3. Storing of Materials on Public Right-of-Way
4. Opening Street or Sidewalk (If yes, a Separate Permit from Dept. of General Services is Required)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

***If “yes” to any question, a separate Sidewalk/Barricade Application must be completed.***

10. Other

- A. The applicant shall notify the office of any changes in the information contained in the application during the period for which the permit is in effect. A permit will be issued when the application has been determined to be complete and when the proposed work is determined to conform to the requirements of the Uniform Code. The authority conferred by such permit may be limited by conditions.
- B. A building permit may be suspended or revoked if it is determined that the work to which it pertains is not proceeding in conformance with the Uniform Code or with any condition attached to such permit, or if there has been a misrepresentation or falsification of a material fact in connection with the application for the permit.
- C. All building permit applications whose Address of Work is within one of the City of Albany’s Traditional Neighborhood Overlay Zones or Historic Districts are subject to Zoning/Planning Department approval for existing zoning conditions and ordinances.

11. **CERTIFICATION:**

*I HEREBY CERTIFY THAT I HAVE READ THE INSTRUCTIONS AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES COVERING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT AND I WILL ALSO ALLOW ALL INSPECTORS TO ENTER THE PREMISES FOR THE REQUIRED INSPECTIONS. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION AND/OR ZONING.*

**Owner/Authorized Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approvals Required

<input type="checkbox"/>
<input type="checkbox"/>

Electrical  
Plumbing

Approved By

Date

The following special conditions apply to this approval:

*Planning/Zoning Department conditions and ordinances must be adhered to as a condition of this Permit.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Permit No \_\_\_\_\_